

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Pharmacies  
All Prescribers  
Indian Health Service Providers  
Tribal Health Clinic Providers  
Managed Care Plans

**Memorandum No: 05-83 MAA**  
**Issued:** September 1, 2005

**For more information, call:**  
1-800-562-3022

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject: Prescription Drug Program: Changes to the Washington Preferred Drug List (PDL), Prior Authorization, and the List of Limitations on Certain Drugs**

**Effective for claims with dates of service on and after October 1, 2005**, except as otherwise noted, the Medical Assistance Administration (MAA) will implement the following changes to the Prescription Drug Program:

- An addition to the Washington PDL;
- Changes to the Washington PDL;
- Expedited Prior Authorization (EPA) Changes;
- Prior Authorization (PA) Changes; and
- Additions to the List of Limitations on Certain Drugs.

**Therapeutic Drug Class Addition to be Implemented as Part of the Washington Preferred Drug List**

<b>Therapeutic Drug Class</b>	<b>Preferred Drugs</b>	<b>Non-preferred Drugs</b>
Drugs to Treat Alzheimer's Disease	<b>Generic:</b>  <b>Brand:</b> Aricept <sup>®</sup> ( <i>donepezil</i> ) Exelon <sup>®</sup> ( <i>rivastigmine</i> ) Namenda <sup>®</sup> ( <i>memantine</i> ) Razadyne <sup>®</sup> /Reminyl <sup>®</sup> ( <i>galantamine</i> )	<b>Generic:</b>  <b>Brand:</b> Cognex <sup>®</sup> ( <i>tacrine</i> )

**Therapeutic Drug Class Changes to be Implemented as Part of the Washington Preferred Drug List (cont.)**

Therapeutic Drug Class	Preferred Drugs	Non-preferred Drugs
Insulin-Release Stimulant Type Oral Hypoglycemics	<b>Generic:</b> glipizide (generic immediate release products only) glyburide (generic immediate release products only) glyburide micronized  <b>Brand:</b>	<b>Generic:</b> chlorpropamide glipizide XR tolazamide tolbutamide  <b>Brand:</b> Amaryl <sup>®</sup> ( <i>glimepiride</i> ) DiaBeta <sup>®</sup> ( <i>glyburide</i> ) Diabinese <sup>®</sup> ( <i>chlorpropamide</i> ) Glucotrol <sup>®</sup> /XR ( <i>glipizide</i> ) Glynase <sup>®</sup> ( <i>glyburide micronized</i> ) Micronase <sup>®</sup> ( <i>glyburide</i> ) Orinase <sup>®</sup> ( <i>tolbutamide</i> ) Prandin <sup>®</sup> ( <i>repaglinide</i> ) Starlix <sup>®</sup> ( <i>nateglinide</i> ) Tolinase <sup>®</sup> ( <i>tolazamide</i> )
Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.)	<b>Generic:</b> methadone morphine sulfate SA/SR  <b>Brand:</b>	<b>Generic:</b> fentanyl transdermal levorphanol Oramorph SR oxycodone ER  <b>Brand:</b> Avinza <sup>®</sup> ( <i>morphine sulfate ER</i> ) Duragesic <sup>®</sup> ( <i>fentanyl transdermal</i> ) Kadian <sup>®</sup> ( <i>morphine sulfate SR</i> ) Levo-Dromoran <sup>®</sup> ( <i>levorphanol</i> ) MS Contin <sup>®</sup> ( <i>morphine sulfate SA</i> ) OxyContin <sup>®</sup> ( <i>oxycodone ER</i> )

**Expedited Prior Authorization (EPA) Changes**

Effective the week of October 3, 2005, MAA has added Vicoprofen<sup>®</sup> and Celebrex<sup>®</sup> to the list of drugs requiring EPA:

Drug	Code	Criteria
<b>Cox II Inhibitors</b>  Celebrex <sup>®</sup>	062	All of the following must apply:  a) An absence of a history of ulcer or gastrointestinal bleeding; and b) An absence of a history of cardiovascular disease.
<b>Nonsteroidal Anti-Inflammatory Drugs (NSAIDs)</b>  Ansaid <sup>®</sup> ( <i>flurbiprofen</i> ) Arthrotec <sup>®</sup> ( <i>diclofenac/misoprostol</i> ) Cataflam <sup>®</sup> ( <i>diclofenac</i> ) Celebrex <sup>®</sup> ( <i>celecoxib</i> ) Clinoril <sup>®</sup> ( <i>sulindac</i> ) Daypro <sup>®</sup> ( <i>oxaprozin</i> ) Feldene <sup>®</sup> ( <i>piroxicam</i> ) ibuprofen indomethacin Lodine <sup>®</sup> , Lodine XL <sup>®</sup> ( <i>etodolac</i> ) meclofenamate Mobic <sup>®</sup> ( <i>meloxicam</i> ) Nalfon <sup>®</sup> ( <i>fenoprofen</i> ) Naprelan <sup>®</sup> , Naprosyn <sup>®</sup> ( <i>naproxen</i> ) Orudis <sup>®</sup> , Oruvail <sup>®</sup> ( <i>ketoprofen</i> ) Ponstel <sup>®</sup> ( <i>mefenamic acid</i> ) Relafen <sup>®</sup> ( <i>nabumetone</i> ) Tolectin <sup>®</sup> ( <i>tolmetin</i> ) Toradol <sup>®</sup> ( <i>ketorolac</i> ) Vicoprofen <sup>®</sup> ( <i>ibuprofen/hydrocodone</i> ) Voltaren <sup>®</sup> ( <i>diclofenac</i> )	141	An absence of a history of ulcer or gastrointestinal bleeding.

**Drugs Now Requiring Prior Authorization (PA)**

Drug
Vanos <sup>®</sup> 0.1% cream ( <i>fluocinonide</i> )

## Additions to the List of Limitations on Certain Drugs

Drug	Limitations
clobetasol/emollient 0.05% cream, gel and ointment	50 gm per week and 14-day supply maximum
clobetasol 0.05% solution, shampoo, and lotion	50 ml per week and 14-day supply maximum
halobetasol 0.05% cream and ointment	50 gm per week and 14-day supply maximum
Vicoprofen <sup>®</sup> (ibuprofen/hydrocodone)	5 tablets per day and 10-day supply maximum

## Billing Instructions Replacement Pages

Attached are updated replacement pages H.7-H.8, H11-H.12, and N.1-N.8 for MAA's current *Prescription Drug Program Billing Instructions*.

## How can I get MAA's provider issuances?

To obtain MAA's provider numbered memoranda and billing instructions, go to MAA's website at <http://maa.dshs.wa.gov> (click on the **Billing Instructions/Numbered Memoranda** or **Provider Publications/Fee Schedules** link).

To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov/> (Orders filled daily.)
  - a) Click **General Store**.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either **I'm New** or **Been Here**.
    - ii. If new, fill out the registration and click **Register**.
    - iii. If returning, type your email and password and then click **Login**.
  - c) At the **Store Lobby** screen, click **Shop by Agency**. Select **Department of Social and Health Services** and then select **Medical Assistance**.
  - d) Select **Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction**. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

Drug	Code	Criteria
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Drug	Code	Criteria
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<b>Abilify®</b> (aripiprazole)	015	All of the following must apply: a) There must be an appropriate DSM IV* diagnosis; and b) Patient is 6 years of age or older.
<b>Accutane®</b> (isotretinoin)		Must not be used by patients who are pregnant or who may become pregnant while undergoing treatment. The following conditions must be <b>absent</b> : a) Paraben sensitivity; b) Concomitant etretinate therapy; and c) Hepatitis or liver disease.
	001	Diagnosis of severe (disfiguring), recalcitrant cystic acne, unresponsive to conventional therapy.
	002	Diagnosis of severe, recalcitrant acne rosacea in adults unresponsive to conventional therapy.
	003	Diagnosis of severe keratinization disorders when prescribed by, or in consultation with, a dermatologist.
	004	Prevention of skin cancer in patients with a documented history of skin cancer.
	005	Diagnosis of mycosis fungoides (T-cell lymphoma) unresponsive to other therapies.

<b>Adderall®</b> (amphetamine/ dextroamphetamine)	026	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the prescriber is an authorized schedule II prescriber.
	027	Diagnosis of narcolepsy by a neurologist or sleep specialist, following documented positive sleep latency testing and the prescriber is an authorized schedule II prescriber.
	087	Depression associated with end stage illness and the prescriber is an authorized schedule II prescriber.
<b>Adderall XR®</b> (amphetamine/ dextroamphetamine)	094	Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) and the following: a) The prescriber is an authorized schedule II prescriber; b) Total daily dose administered as a single dose.
<b>Adeks®</b> <b>Multivitamins</b>	102	For the treatment of malabsorption conditions, especially those conditions that inhibit the absorption of fat-soluble vitamins (such as cystic fibrosis, steatorrhea, hepatic dysfunction, and cases of HIV/AIDS with malabsorption concern) and all the following: a) Patient is under medical supervision; and b) Patient is not taking oral anticoagulants; and c) Patient does not have a history of or is not at an increased risk for stroke/thrombosis.

\*DSM IV stands for Diagnostic and Statistical Manual of Mental Disorders – 4th edition.

Drug	Code	Criteria
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**Aggrenox®** 037 To reduce the risk of stroke in patients who have had transient ischemia of the brain or completed ischemic stroke due to thrombosis, and all of the following:

- The patient has tried and failed aspirin or dipyridamole alone; and
- The patient has no sensitivity to aspirin.

**Altace®** 020 Patients with a history of cardiovascular disease.

**Ambien®** 006 Short term treatment of insomnia. Drug therapy is limited to 10 in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can continue.

**Angiotensin Receptor Blockers (ARBs)** 092 Must have tried and failed, or have a clinically documented intolerance to an angiotensin converting enzyme (ACE) inhibitor.

**Atacand®** (candesartan cilexetil)

**Atacand HCT®** (candesartan cilexetil/HCTZ)

**Avalide®** (irbesartan/HCTZ)

**Avapro®** (irbesartan)

**Benicar®** (olmesartan medoxomil)

**Cozaar®** (losartan potassium)

**Diovan®** (valsartan)

**Diovan HCT®** (valsartan/HCTZ)

**Hyzaar®** (losartan potassium/HCTZ)

**Micardis®** (telmisartan)

**Micardis HCT®** (telmisartan/HCTZ)

**Teveten®** (eprosartan mesylate)

**Teveten HCT®** (eprosartan mesylate/HCTZ)

**Anzemet®** 127 Prevention of nausea or vomiting associated with moderately to highly emetogenic cancer chemotherapy.

Drug	Code	Criteria
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**Arava®** 034 Treatment of rheumatoid arthritis when prescribed by a rheumatologist at a loading dose of 100mg per day for three days and then up to 20mg daily thereafter.

**Avinza®** 040 Diagnosis of cancer-related pain.

**Calcium w/Vitamin D Tablets** 126 Confirmed diagnosis of osteoporosis, osteopenia or osteomalacia.

**Campral®** 041 Diagnosis of alcohol dependency. Must be used as adjunctive treatment with a Division of Alcohol and Substance Abuse (DASA) state-certified **intensive outpatient** chemical dependency treatment program. **See WAC 388-805-610**. Treatment is limited to 12 months. The patient must also meet all of the following criteria:

- Must have finished detoxification and must be abstinent from alcohol before the start of treatment;
- Must not be a poly-substance abuser; and
- Must be able to clear the drug renally (creatinine clearance greater than 30 ml/min).



**Note:** A Campral authorization form [DSHS 13-749] must be completed and kept on file with the pharmacy before the drug is dispensed. To download a copy, go to: <http://www1.dshs.wa.gov/msa/forms/eforms.html>.

**Celebrex®** 062 All of the following must apply:

- An absence of a history of ulcer or gastrointestinal bleeding; and
- An absence of a history of cardiovascular disease.

Drug	Code	Criteria
<b>Lamisil®</b> ( <i>terbinafine HCl</i> )		Treatment of onychomycosis for up to 12 months is covered if patient has one of the following conditions:
	042	Diabetic foot;
	043	History of cellulitis secondary to onychomycosis and requiring systemic antibiotic therapy;
	051	Peripheral vascular disease; <b>or</b>
	052	Patient is immunocompromised.
<b>Levorphanol</b>	040	Diagnosis of cancer-related pain.
<b>Lotrel®</b> ( <i>amlodipine besylate/benazepril</i> )	038	Treatment of hypertension as a second line agent when blood pressure is not controlled by any: <ul style="list-style-type: none"> <li>a) ACE inhibitor alone; <u>or</u></li> <li>b) Calcium channel blocker alone; <u>or</u></li> <li>c) ACE inhibitor and a calcium channel blocker as two separate concomitant prescriptions.</li> </ul>
<b>Lunesta™</b> ( <i>eszopiclone</i> )	006	Short-term treatment of insomnia. Drug therapy is limited to 10 in 30 days, after which the patient must be re-evaluated by the prescriber before therapy can continue.
<b>Metadate CD®</b> ( <i>methylphenidate HCl</i> )		See criteria for Concerta®.
<b>Miralax®</b> ( <i>polyethylene glycol</i> )		See criteria for Glycolax Powder®
<b>Naltrexone</b>		See criteria for ReVia®.

Drug	Code	Criteria
<b>Nephrocaps®</b>	096	Treatment of patients with renal disease.
<b>Nephro-FER®</b> ( <i>ferrous fumarate/folic acid</i> )		
<b>Nephro-Vite®</b> <i>Vitamin B comp W-C)</i>		
<b>Nephro-Vite RX®</b> ( <i>folic acid/vitamin B comp W-C)</i>		
<b>Nephro-Vite+FE®</b> ( <i>fe fumarate/FA/vitamin B comp W-C)</i>		
<b>Nephron FA®</b> ( <i>fe fumarate/doss/FA/B comp &amp; C)</i>		
<b>Neurontin®</b> ( <i>gabapentin</i> )	035	Post-herpetic neuralgia.
	036	Treatment of seizures.
<b>Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)</b>	141	An absence of a history of ulcer or gastrointestinal bleeding.
<b>Ansaid®</b> ( <i>flurbiprofen</i> ).		
<b>Arthrotec®</b> ( <i>diclofenac/misoprostol</i> )		
<b>Bextra®</b> ( <i>valdecoxib</i> )		
<b>Cataflam®</b> ( <i>diclofenac</i> )		
<b>Clinoril®</b> ( <i>sulindac</i> )		
<b>Daypro®</b> ( <i>oxaprozin</i> )		
<b>Feldene®</b> ( <i>piroxicam</i> )		
<b>Ibuprofen</b>		
<b>Indomethacin</b>		
<b>Lodine®, Lodine XL®</b> ( <i>etodolac</i> )		
<b>Meclofenamate</b>		
<b>Mobic®</b> ( <i>meloxicam</i> )		
<b>Nalfon®</b> ( <i>fenoprofen</i> )		
<b>Naprelan®, Naprosyn®</b> ( <i>naproxen</i> )		
<b>Orudis®, Oruvail®</b> ( <i>ketoprofen</i> )		
<b>Ponstel®</b> ( <i>mefenamic acid</i> )		
<b>Relafen®</b> ( <i>nabumetone</i> )		
<b>Tolectin®</b> ( <i>tolmetin</i> )		
<b>Toradol®</b> ( <i>ketorolac</i> )		
<b>Vicoprofen®</b> ( <i>ibuprofen/hydrocodone</i> )		
<b>Voltaren®</b> ( <i>diclofenac</i> )		

Drug	Code	Criteria
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Drug	Code	Criteria
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**Oxandrin®**  
(oxandrolone)

Before any code is allowed, there must be an absence of all of the following:

- a) Hypercalcemia;
- b) Nephrosis;
- c) Carcinoma of the breast;
- d) Carcinoma of the prostate; and
- e) Pregnancy.

110 Treatment of unintentional weight loss in patients who have had extensive surgery, severe trauma, chronic infections (such as AIDS wasting), or who fail to maintain or gain weight for no conclusive pathophysiological cause.

111 To compensate for the protein catabolism due to long-term corticosteroid use.

112 Treatment of bone pain due to osteoporosis.

**OxyContin®**  
(oxycodone HCl)

040 Diagnosis of cancer-related pain.

**Parcopa®**  
(carbidopa/levodopa)

049 Diagnosis of Parkinson's disease and one of the following:

- a) Must have tried at least one generic or brand-name drug; or
- b) Been unable to achieve desired dosage or response.

**PEG-Intron®**  
(peginterferon alpha 2b)

109 Treatment of chronic hepatitis C in patients 18 years of age or older.

**Pegasys®**  
(peginterferon alpha-2a)

109 Treatment of chronic hepatitis C in patients 18 years of age or older.

**Plavix®**  
(clopidogrel bisulfate)

116 When used in conjunction with stent placement in coronary arteries. Supply limited to 9 months after stent placement.

136 For use in patients with atherosclerosis documented by recent myocardial infarction, recent stroke, or established peripheral artery disease and have failed aspirin. A patient that is considered an aspirin failure has had an atherosclerotic event (MI, stroke, intermittent claudication) after the initiation of once-a-day aspirin therapy.

**Pravachol®**  
(pravastatin sodium)

039 Patient has a clinical drug-drug interaction with other statin-type cholesterol-lowering agents.

**Prevacid®**  
(omeprazole)

050 Treatment of gastroesophageal reflux disease with tablets or capsules.

**Protonix®**  
(dexlansoprazole)

036 Diagnosis of cystic fibrosis and the patient is 5 years of age or older.

**Rebetol®**  
(ribavirin)

See criteria for Copegus®.

**Rebetron®**  
(ribavirin/interferon alpha-2b, recombinant)

008 Treatment of chronic hepatitis C in patients with compensated liver disease who have relapsed following alpha interferon therapy.

009 Treatment of chronic hepatitis C in patients with compensated liver disease.

**Remicade Injection®**  
(infliximab)

022 Treatment of rheumatoid arthritis in combination with methotrexate when prescribed by a rheumatologist in those patients who have had an inadequate response to methotrexate alone.



# Washington Preferred Drug List

## What is the Washington Preferred Drug List?

MAA, in coordination with the Health Care Agency (HCA) and Labor & Industries (L & I), have developed a list of preferred drugs within a selected therapeutic class that are selected based on clinical evidence of safety, efficacy, and effectiveness.

MAA requires pharmacies to obtain prior authorization for nonpreferred drugs when a therapeutic equivalent is on the preferred drug list(s) (PDL).




**Note:** MAA changed the format for multiple drug listings. A slash ( / ) is used to denote multiple forms of a drug. For example: “Cardizem<sup>®</sup> /CD/LA/SR” represents immediate release Cardizem, as well as the CD, LA, and SR forms of Cardizem. A hyphen ( - ) is used to indicate combination products. For example: “Benazepril-HCTZ” represents the combination product of Benazepril and Hydrochlorothiazide, rather than Benazepril AND the combination product.

Drug Class	Preferred Drugs	Non-preferred Drugs
ACE Inhibitors	<b>Generic:</b> Benazepril Captopril Enalapril Lisinopril  <b>Brand:</b> Altace <sup>®</sup> ( <i>ramipril</i> )* *EPA required	<b>Generic:</b>  <b>Brand:</b> Accupril <sup>®</sup> ( <i>quinapril</i> ) Aceon <sup>®</sup> ( <i>perindopril</i> ) Capoten <sup>®</sup> ( <i>captopril</i> ) Mavik <sup>®</sup> ( <i>trandolapril</i> ) Monopril <sup>®</sup> ( <i>fosinopril</i> ) Prinivil <sup>®</sup> ( <i>lisinopril</i> ) Univasc <sup>®</sup> ( <i>moexipril</i> ) Vasotec <sup>®</sup> ( <i>enalapril</i> ) Zestril <sup>®</sup> ( <i>lisinopril</i> )


## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Beta Blockers	<b>Generic:</b> Atenolol Metoprolol Nadolol Pindolol Propranolol /ER Timolol  <b>Brand:</b> Coreg® ( <i>carvedilol</i> )* *EPA required	<b>Generic:</b> Acebutolol Betaxolol Bisoprolol Labetalol  <b>Brand:</b> Blocadren® ( <i>timolol</i> ) Cartrol® ( <i>carteolol</i> ) Corgard® ( <i>nadolol</i> ) Inderal®/Inderal LA® ( <i>propranolol</i> ) Innopran XL® ( <i>propranolol</i> ) Kerlone® ( <i>betaxolol</i> ) Levatol® ( <i>penbutolol</i> ) Lopressor® ( <i>metoprolol</i> ) Normodyne® ( <i>labetalol</i> ) Sectral® ( <i>acebutolol</i> ) Tenormin® ( <i>atenolol</i> ) Toprol XL® ( <i>metoprolol succinate</i> ) Trandate® ( <i>labetalol</i> ) Visken® ( <i>pindolol</i> ) Zebeta® ( <i>bisoprolol</i> )
Calcium Channel Blockers	<b>Generic:</b> Diltiazem /XR Nifedipine XR Verapamil /XR  <b>Brand:</b> Norvasc® ( <i>amlodipine</i> )	<b>Generic:</b> felodipine nicardipine  <b>Brand:</b> Adalat® /CC ( <i>nifedipine</i> ) Calan® /SR ( <i>verapamil</i> ) Cardene® /SR ( <i>nicardipine</i> ) Cardizem® /CD/LA/SR ( <i>diltiazem</i> ) Cartia XT® ( <i>diltiazem</i> ) Dilacor® XR ( <i>diltiazem</i> ) Diltia XT® ( <i>diltiazem</i> ) DynaCirc® /CR ( <i>isradipine</i> ) Isoptin® /SR ( <i>verapamil</i> ) Plendil® ( <i>felodipine</i> ) Procardia® /XL ( <i>nifedipine</i> ) Sular® ( <i>nisoldipine</i> ) Taztia XT® ( <i>diltiazem</i> ) Tiazac® ( <i>diltiazem</i> ) Vascor® ( <i>bepridil</i> ) Verelan® /PM ( <i>verapamil</i> )

Drug Class	Preferred Drugs	Non-preferred Drugs
<b>Drugs to Treat Alzheimer's Disease</b> 	<b>Generic:</b>  <b>Brand:</b> Aricept <sup>®</sup> ( <i>donepezil</i> ) Exelon <sup>®</sup> ( <i>rivastigmine</i> ) Namenda <sup>®</sup> ( <i>memantine</i> ) Razadyne <sup>®</sup> /Reminyl <sup>®</sup> ( <i>galantamine</i> )	<b>Generic:</b>  <b>Brand:</b> Cognex <sup>®</sup> ( <i>tacrine</i> )
Estrogens	<b>Generic:</b> estradiol tablets  <b>Brand:</b> Menest <sup>®</sup> ( <i>esterified estrogens</i> ) Premarin <sup>®</sup> cream ( <i>conjugated equine estrogen vaginal cream</i> )	<b>Generic:</b>  <b>Brand:</b> Cenestin <sup>®</sup> ( <i>synthetic conjugated estrogens</i> ) Climara <sup>®</sup> ( <i>estradiol</i> ) transdermal Esclim <sup>®</sup> ( <i>estradiol</i> ) transdermal Estrace <sup>®</sup> ( <i>estradiol</i> ) oral/vaginal Estraderm <sup>®</sup> transdermal Estring <sup>®</sup> ( <i>estradiol</i> ) vaginal ring Femring <sup>®</sup> ( <i>estradiol</i> ) vaginal ring Ogen <sup>®</sup> ( <i>estropipate</i> ) Premarin <sup>®</sup> ( <i>conjugated estrogens</i> ) oral Vagifem <sup>®</sup> ( <i>estradiol</i> ) vaginal tablets Vivelle <sup>®</sup> /DOT ( <i>estradiol</i> ) transdermal
Histamine-2 Receptor Antagonist (H2RA) (*Not subject to TIP. See pg. M.1.)	<b>Generic:</b> ranitidine  <b>Brand:</b>	<b>Generic:</b> cimetidine famotidine nizatidine  <b>Brand:</b> Axid <sup>®</sup> ( <i>nizatidine</i> ) Pepcid <sup>®</sup> ( <i>famotidine</i> ) Tagamet <sup>®</sup> ( <i>cimetidine</i> ) Zantac <sup>®</sup> ( <i>ranitidine</i> )

Drug Class	Preferred Drugs	Non-preferred Drugs
Inhaled Corticosteroids	<b>Generic:</b>  <b>Brand:</b> Aerobid/Aerobid-M <sup>®</sup> ( <i>flunisolide MDI</i> ) Azmacort <sup>®</sup> ( <i>triamcinolone acetonide MDI</i> ) Flovent <sup>®</sup> ( <i>fluticasone propionate MDI</i> ) Flovent Rotadisk <sup>®</sup> ( <i>fluticasone propionate DPI</i> ) Qvar <sup>®</sup> ( <i>beclomethasone dipropionate MDI</i> ) Pulmicort Respules <sup>®</sup> ( <i>budesonide</i> ) inhalation suspension	<b>Generic:</b>  <b>Brand:</b> Pulmicort Turbuhaler <sup>®</sup> ( <i>budesonide DPI</i> )
Insulin-Release Stimulant Type Oral Hypoglycemics  	<b>Generic:</b> glipizide (generic immediate release products only) glyburide (generic immediate release products only) glyburide micronized  <b>Brand:</b>	<b>Generic:</b> chlorpropamide glipizide XR tolazamide tolbutamide  <b>Brand:</b> Amaryl <sup>®</sup> ( <i>glimepiride</i> ) DiaBeta <sup>®</sup> ( <i>glyburide</i> ) Diabinese <sup>®</sup> ( <i>chlorpropamide</i> ) Glucotrol <sup>®</sup> /XR ( <i>glipizide</i> ) Glynase <sup>®</sup> ( <i>glyburide micronized</i> ) Micronase <sup>®</sup> ( <i>glyburide</i> ) Orinase <sup>®</sup> ( <i>tolbutamide</i> ) Prandin <sup>®</sup> ( <i>repaglinide</i> ) Starlix <sup>®</sup> ( <i>nateglinide</i> ) Tolinase <sup>®</sup> ( <i>tolazamide</i> )

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
<p>Long-Acting Opioids (oral tabs/caps/liquids) (*Not subject to TIP. See pg. M.1.)</p> 	<p><b>Generic:</b> methadone morphine sulfate SA/SR</p> <p><b>Brand:</b></p>	<p><b>Generic:</b> fentanyl transdermal levorphanol Oramorph SR oxycodone ER</p> <p><b>Brand:</b> Avinza<sup>®</sup> (<i>morphine sulfate ER</i>) Duragesic<sup>®</sup> (<i>fentanyl</i>) transdermal Kadian<sup>®</sup> (<i>morphine sulfate SR</i>) Levo-Dromoran<sup>®</sup> (<i>levorphanol</i>) MS Contin<sup>®</sup> (<i>morphine sulfate SA</i>) OxyContin<sup>®</sup> (<i>oxycodone ER</i>)</p>
<p>Non-Sedating Antihistamines (*Not subject to TIP. See pg. M.1.)</p>	<p><b>Generic:</b> loratadine OTC</p> <p><b>Brand:</b></p>	<p><b>Generic:</b></p> <p><b>Brand:</b> Allegra<sup>®</sup> (<i>fexofenadine</i>) Clarinox<sup>®</sup> (<i>desloratadine</i>) Claritin<sup>®</sup> (<i>loratadine</i>) Zyrtec<sup>®</sup> (<i>cetirizine</i>)</p>

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Nonsteroidal Anti-Inflammatory Drugs (NSAIDs) Cyclo-Oxygenase - 2 (Cox-II) Inhibitors	<b>Generic:</b> diclofenac potassium diclofenac sodium etodolac /XL fenoprofen flurbiprofen ibuprofen indomethacin ketoprofen nabumetone naproxen sodium oxaprozin piroxicam salsalate sulindac tolmetin  <b>Brand:</b>	<b>Generic:</b>  <b>Brand:</b> Anaprox <sup>®</sup> /DS ( <i>naproxen sodium</i> ) Ansaid <sup>®</sup> ( <i>flurbiprofen</i> ) Bextra <sup>®</sup> ( <i>valdecoxib</i> ) Cataflam <sup>®</sup> ( <i>diclofenac potassium</i> ) Celebrex <sup>®</sup> ( <i>celecoxib</i> ) Clinoril <sup>®</sup> ( <i>sulindac</i> ) Daypro <sup>®</sup> ( <i>oxaprozin</i> ) Feldene <sup>®</sup> ( <i>piroxicam</i> ) Lodine <sup>®</sup> /XL ( <i>etodolac</i> ) Mobic <sup>®</sup> ( <i>meloxicam</i> ) Motrin <sup>®</sup> ( <i>ibuprofen</i> ) Naprelan <sup>®</sup> ( <i>naproxen</i> ) Naprosyn <sup>®</sup> /DS ( <i>naproxen</i> ) Orudis <sup>®</sup> ( <i>ketoprofen</i> ) Oruvail <sup>®</sup> ( <i>ketoprofen</i> ) Relafen <sup>®</sup> ( <i>nabumetone</i> ) Salflex <sup>®</sup> ( <i>salsalate</i> ) Voltaren <sup>®</sup> /XL ( <i>diclofenac sodium</i> )
Proton Pump Inhibitors	<b>Generic:</b>  <b>Brand:</b> Prilosec OTC <sup>®</sup> ( <i>omeprazole</i> ) tablets Prevacid <sup>®</sup> ( <i>lansoprazole</i> ) capsules/powder Prevacid <sup>®</sup> SoluTabs ( <i>lansoprazole</i> )* *EPA required	<b>Generic:</b> omeprazole Rx  <b>Brand:</b> Aciphex <sup>®</sup> ( <i>rabeprazole</i> ) Nexium <sup>®</sup> ( <i>esomeprazole</i> ) Prilosec <sup>®</sup> Rx ( <i>omeprazole</i> ) Protonix <sup>®</sup> ( <i>pantoprazole</i> )

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Second Generation Antidepressants *not subject to therapeutic interchange program (TIP).	<b>Generic:</b> bupropion/SR** citalopram fluoxetine HCl mirtazapine/soltab paroxetine HCl  <b>Brand:</b>	<b>Generic:</b> fluvoxamine nefazodone  <b>Brand:</b> Celexa <sup>®</sup> (citalopram) Cymbalta <sup>®</sup> (duloxetine HCl) Effexor <sup>®</sup> /XR (venlafaxine) Lexapro <sup>®</sup> (escitalopram oxalate) Luvox <sup>®</sup> (fluvoxamine) Paxil <sup>®</sup> /CR (paroxetine HCl) Pexeva <sup>®</sup> (paroxetine mesylate) Prozac <sup>®</sup> /Prozac Weekly <sup>®</sup> (fluoxetine HCl) Remeron <sup>®</sup> /soltab (mirtazapine) Serzone <sup>®</sup> (nefazodone) Wellbutrin <sup>®</sup> /SR/XL (bupropion/SR) Zoloft <sup>®</sup> (sertraline)
Skeletal Muscle Relaxants	<b>Generic:</b> baclofen cyclobenzaprine methocarbamol  <b>Brand:</b>	<b>Generic:</b> carisoprodol chlorzoxazone orphenadrine tizanidine  <b>Brand:</b> Dantrium <sup>®</sup> (dantrolene) Flexeril <sup>®</sup> (cyclobenzaprine) Lioresal <sup>®</sup> (baclofen) Norflex <sup>®</sup> (orphenadrine) Parafon Forte <sup>®</sup> (chlorzoxazone) Robaxin <sup>®</sup> (methocarbamol) Skelaxin <sup>®</sup> (metaxalone) Soma <sup>®</sup> (carisoprodol) Zanaflex <sup>®</sup> (tizanidine)

## Prescription Drug Program

Drug Class	Preferred Drugs	Non-preferred Drugs
Statin-type cholesterol-lowering agents	<b>Generic:</b> lovastatin  <b>Brand:</b> Lipitor <sup>®</sup> (atorvastatin) Pravachol <sup>®</sup> (pravastatin) * *EPA required	<b>Generic:</b>  <b>Brand:</b> Lescol <sup>®</sup> /XL (fluvastatin) Mevacor <sup>®</sup> (lovastatin) Zocor <sup>®</sup> (simvastatin)
Triptans	<b>Generic:</b>  <b>Brand:</b> Amerge <sup>®</sup> (naratriptan) Axert <sup>®</sup> (almotriptan) Frova <sup>®</sup> (frovatriptan) Imitrex <sup>®</sup> injection (sumatriptan) Imitrex <sup>®</sup> nasal spray (sumatriptan) Imitrex <sup>®</sup> tablets (sumatriptan) Maxalt MLT <sup>®</sup> (rizatriptan) Relpax <sup>®</sup> (eletriptan) Zomig <sup>®</sup> /ZMT (zolmitriptan)	<b>Generic:</b>  <b>Brand:</b> Maxalt <sup>®</sup> (rizatriptan) Zomig <sup>®</sup> nasal spray (zolmitriptan)
Urinary Incontinence	<b>Generic:</b> oxybutynin tablets/syrup  <b>Brand:</b>	<b>Generic:</b>  <b>Brand:</b> Detrol <sup>®</sup> /LA (tolterodine) Ditropan <sup>®</sup> /XL (oxybutynin) syrup Oxytrol <sup>®</sup> (oxybutynin) transdermal Urispas <sup>®</sup> (flavoxate)